SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION		213544138 ON	
1.) CORPORATION NAME:			DUE DATE: 9	/30/2013
FMIC Insurance Agency, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM P DICKINSON III WILLIAMS MULLEN 200 SOUTH 10TH STREET, SUITE 1600			SCC ID NO: F1442005	
			5.) STOCK INFORMATION CLASS AUTHORIZED	
RICHMOND, VA			COMMON	100
3.) CITY OR COUNTY OF VA REGISTICHMOND CITY	STERED OFFICE:			
4.) STATE OR COUNTRY OF INCOINC	RPORATION:			
6.) PRINCIPAL OFFICE ADDRESS:				
ADDRESS: 1600 GLE	ENWOOD AVE 1ST FLR			
CITY/ST/ZIP: RALEIO	GH, NC 27608			
7.) DIRECTORS AND PRINCIPAL OF	FFICERS: All directors and may be designated	d principa ated as bo	l officers must be oth a director and	e listed. An individual l an officer.
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH S BIGGS PRESIDENT 1600 GLENWOOD AVE 1ST FLR RALEIGH, NC 27608	X OFFIC	CER	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE COY BAKER SECRETARY 1600 GLENWOOD AVE RALEIGH, NC 27608	X OFFIC	CER	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS GRANT BARNES, SR DIRECTOR 4956 WYLIE EDGEMOOR, SC 29712	OFFIC	CER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WELDON CAPPS DIRECTOR 134 CHIP CAPPS RD MACON, NC 27551	OFFIC	CER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL LEE CATHEY DIRECTOR 190 WEST ONTARIO RD KEYSVILLE, VA 23947	OFFIC	CER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS PAUL DAVIS DIRECTOR 1020 NEWHOUSE RD PO BOX 276 LATTIMORE, NC 28089	OFFIC	DER	x DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL WAYNE DENMAN DIRECTOR 87 CRESTHAVEN DRIVE CLYDE, NC 28721	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CANDACE DINWIDDIE DIRECTOR 2605 ELM HILL PIKE #G NASHVILLE, TN 37214-3157	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE PACE DIRECTOR 766 NORTH NC 58 NASHVILLE, NC 27856	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES PICKNEY PRIDGEN DIRECTOR 305 E 5TH ST LUMBERTON, NC 28358	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WILLIAM SCHAEFER DIRECTOR 500 FAIRWAY DR FORT MILL, SC 29715	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SITTS DIRECTOR PO BOX 1148 OLD FORT, NC 28762	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW THUMAN DIRECTOR 1200 N. 23RD ST. SUITE 201 WILMINGTON, NC 28405	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WALTERS DIRECTOR PO BOX 26 PROCTORVILLE, NC 28375	OFFICER	X DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ KEITH S BIGGS SIGNATURE OF DIRECTOR/OFFICE	KEITH S BIGGS, PRESIDE PRINTED NAME AND CORI		9/23/2013 DATE		
LISTED IN THIS REPORT TITLE It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material					
respect with the intent that the document be delivered to the Commission for filing.					